SARS Preparedness and Response

- U.S. Experience
- Lessons learned
- Process
- Overview of plan

SARS CoV+/- Cases, U.S. 2003

Type of Case	No.	CoV+*	CoV-	Pending
Probable	74	8	38	28
Suspect	344	0	169	175

*Based on SARS antibody + or – at ≥ 28 days

Transmission of SARS: United States, 2003

- 1/10 household contacts SARS-CoV antibody + (?exposure)
- 0/103 healthcare worker contacts
  - 39% with ≥1 unprotected direct skin contact
  - 44% with ≥1 close contact exposures without a mask
  - 70% with ≥1 close contact exposures without goggles

SARS Preparedness: Lessons learned

- SARS is a serious disease with potential for rapid, global spread
- Transmission is variable and localized (no spread/superspreaders; community and specific setting within a community, e..g. hospital)
- If detected, spread can be prevented (isolation, infection control, sometimes quarantine)
- Risk of exposure it key to diagnosis of SARS (1. most cases have history of exposure to a case or setting; 2. indistinct clinical features)
- The vast majority of febrile respiratory illnesses will not be SARS CoV
- Laboratory tests for SARS CoV are good but limited (level of virus, time to mount an antibody response, risk of contamination, dual infections)

SARS Preparedness & Response Plan: Process

- Federal Government's Concept of Operations Plan
- Existing preparedness and response plans
  - Pandemic influenza, smallpox, BT
  - State and local planning; WHO planning
- Lessons learned from spring 2003
- Consultation, advise, and comments from stakeholders

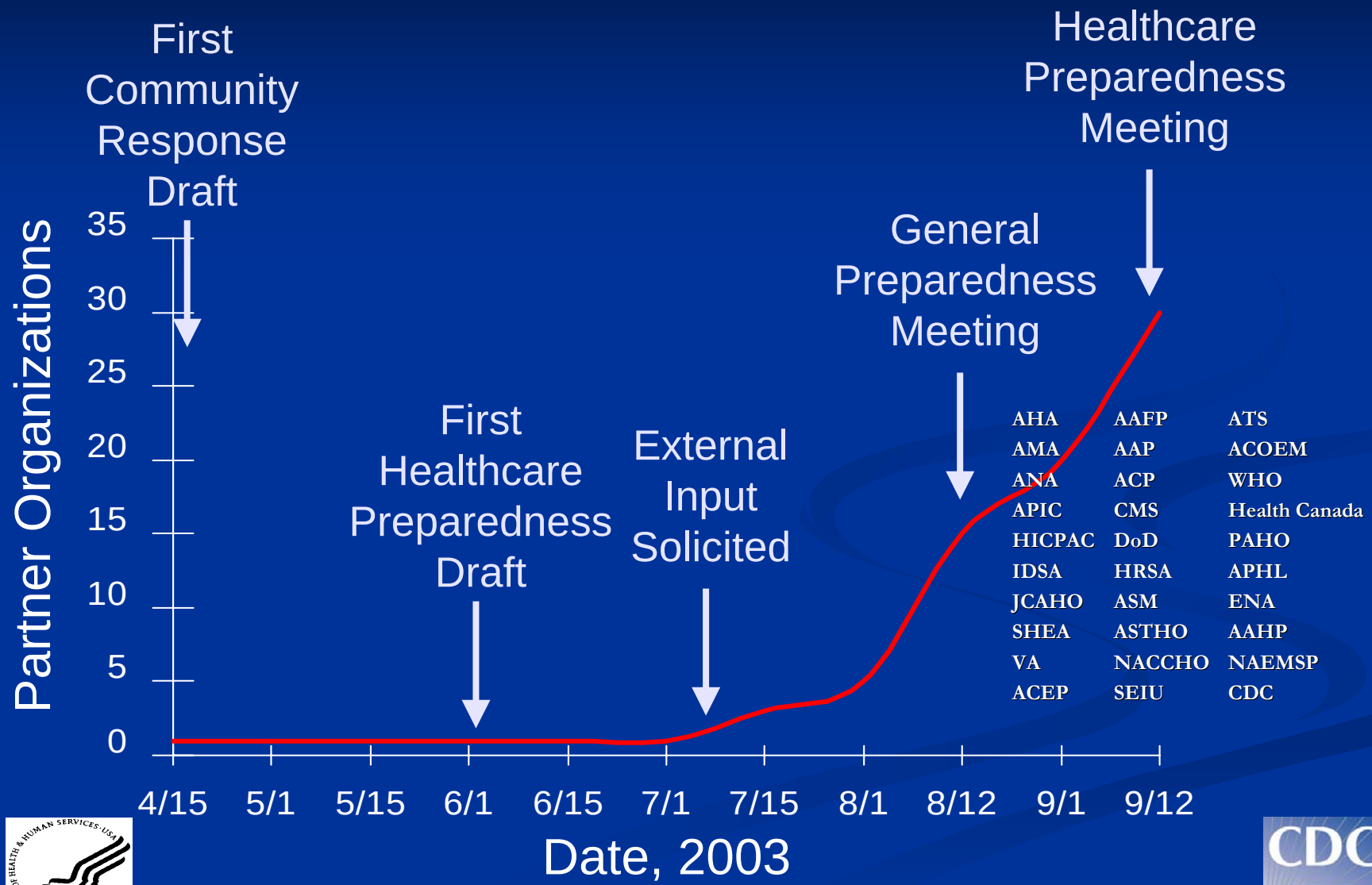
SARS Preparedness and Response: Key Concepts

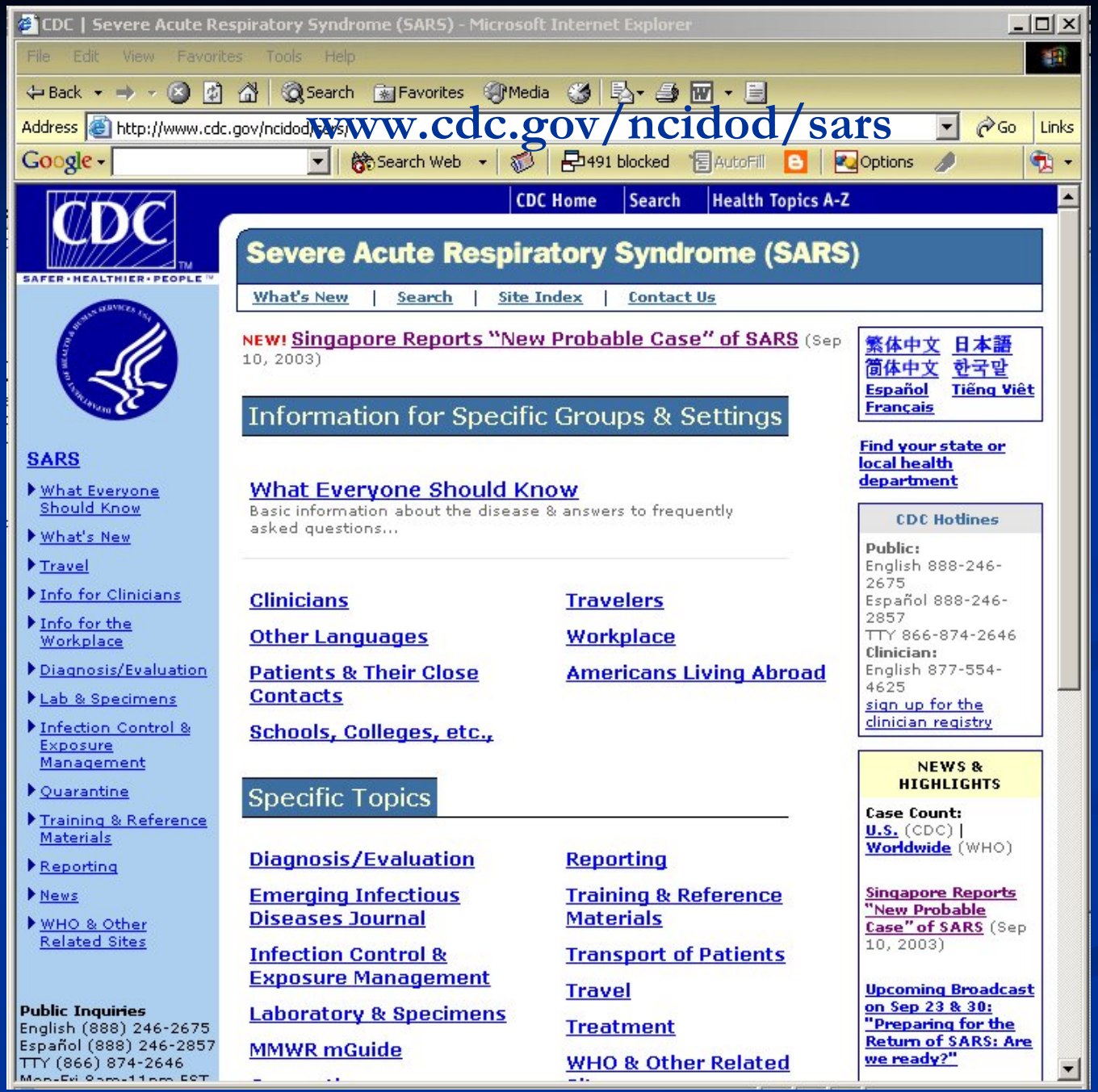
- Surveillance and containment control strategy
- Minimize unnecessary social disruption
- Community, federal, and global coordination/cooperation
- Real-time assessment of the status of SARS transmission

Meetings, Discussions, and Information

- Conference calls
- Sharing draft documents
- Meetings
  - SARS Preparedness Meeting, Aug 12-13, 2003
  - SARS Health Care Partner Meeting, Sep 12, 2003
  - SARS Laboratory Group Meeting, Sep 18, 2003
  - Partner-hosted meetings
- Satellite broadcasts (Sep 23 and Sep 30, 2003)
- Public Health Grand Rounds (Oct 23, 2003)

Process and Participation




CDC | Severe Acute Respiratory Syndrome (SARS) - Microsoft Internet Explorer
www.cdc.gov/ncidod/sars
CDC Home
Search
Health Topics A-Z
Severe Acute Respiratory Syndrome (SARS)
What's New | Search | Site Index | Contact Us
NEW! Singapore Reports "New Probable Case" of SARS (Sep 10, 2003)
Information for Specific Groups & Settings
What Everyone Should Know
Basic information about the disease & answers to frequently asked questions...
Clinicians
Travelers
Other Languages
Workplace
Patients & Their Close Contacts
Americans Living Abroad
Schools, Colleges, etc.,
Specific Topics
Diagnosis/Evaluation
Reporting
Emerging Infectious Diseases Journal
Training & Reference Materials
Infection Control & Exposure Management
Transport of Patients
Travel
Laboratory & Specimens
Treatment
MMWR mGuide
WHO & Other Related
繁体中文 日本語
简体中文 한국말
Español Tiếng Việt
Français
Find your state or local health department
CDC Hotlines
Public:
English 888-246-2675
Español 888-246-2857
TTY 866-874-2646
Clinician:
English 877-554-4625
sign up for the clinician registry
NEWS & HIGHLIGHTS
Case Count:
U.S. (CDC) | Worldwide (WHO)
Singapore Reports "New Probable Case" of SARS (Sep 10, 2003)
Upcoming Broadcast on Sep 23 & 30: "Preparing for the Return of SARS: Are we ready?"
SARS
What Everyone Should Know
What's New
Travel
Info for Clinicians
Info for the Workplace
Diagnosis/Evaluation
Lab & Specimens
Infection Control & Exposure Management
Quarantine
Training & Reference Materials
Reporting
News
WHO & Other Related Sites
Public Inquiries
English (888) 246-2675
Español (888) 246-2857
TTY (866) 874-2646

Components of SARS Preparedness Planning

- **Surveillance**
- Clinical (clinical features, pulmonary care guidelines, anti-viral Rx protocols, algorithms)
- **Healthcare**
- **Community**
- **Laboratory**
- Special research studies
- Information technology
- Communication and education

Surveillance Activities

- **Core activities**
  - Surveillance for cases
    - Astute clinician/surveillance for LRI in HCWs
    - Hospitalized LRI
    - Risk of exposure (global, community, institution)
      - Community/work exposures (e.g. healthcare worker)
      - Travel exposures
      - Undetected source of SARS (atypical pneumonia clusters, e.g. HCW/families)
  - Contact tracing
  - Rapid and efficient reporting and dissemination of information
  - Real-time assessment of SARS transmission
- **Enhanced activities**
  - Fever clinics
  - Screening in communities, institutions, transportation centers

Health Care Setting Activities

- Core activities
  - Isolation; contact, droplet, airborne precautions; decontamination procedures
  - Patient transfer and staffing strategies
  - Hospital command/control strategies
  - Surge capacity – beds, respiratory isolation, staff
  - Communication/cooperation between clinical/hospital and public health
- Enhanced activities
  - Designated SARS wards/floors
  - HCW temperature screening
  - Hospital-wide PPE

Community Containment Activities

- Core activities
  - Isolation of ill patients (home/hospitals)
  - Monitoring contacts
- Enhanced activities (Inability to quickly/effectively isolate ill contacts)
  - Quarantine
    - Home (other site) quarantine
    - Work quarantine (work to home to work)
    - Exclusion orders
  - Issues
    - Education about need and rationale
    - Legal authority
    - Support – food, supplies, mental health, financial

Laboratory Activities

- Core activities
  - Strategies for testing
    - PCR/serology
    - Specimen type, timing, handling, processing
  - Quality of testing
    - Validated assays
    - Proficiency testing
  - Interpretation of test results
    - Confirmation of test results (multiple specimens, chain of custody)
    - Clinical/epidemiologic/laboratory data
  - Biosafety guidelines
- Surge capacity (Local and federal)

SARS Preparedness: Comments

- Unknown future
- Preparedness for SARS has benefited from other preparedness efforts and visa versa
- SARS during spring 2003 provides a solid foundation for preparedness planning